

## FORM 8. Entry of Appearance

**UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT**YASMIN SAIGHI v. GSANo. 2015-1859**ENTRY OF APPEARANCE**

(INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.)

Please enter my appearance (select one):

☐ Pro Se☒

As counsel for:

Yasmin Saighi

Name of party

I am, or the party I represent is (select one):

☐

Petitioner

☐

Respondent

☐

Amicus curiae

☐

Cross Appellant

☒

Appellant

☐

Appellee

☐

Intervenor

As amicus curiae or intervenor, this party supports (select one):

☐

Petitioner or appellant

☐

Respondent or appellee

My address and telephone are:

Name:

Mitchell E. Shamas

Law firm:

Shamas Law Office pllc

Address:

6863 S Canton Ave

City, State and ZIP:

Tulsa, OK 74136-3405

Telephone:

(918) 496-0994

Fax #:

(918) 496-0982

E-mail address:

office@shamaslaw.com

Statement to be completed by counsel only (select one):

☒

I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.

☐

I am replacing \_\_\_\_\_ as the principal attorney who will/will not remain on the case. [Government attorneys only.]

☐

I am not the principal attorney for this party in this case.

Date admitted to Federal Circuit bar (counsel only): July 21, 2015

This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel only):

☒

Yes

☐

No

☐ A courtroom accessible to the handicapped is required if oral argument is scheduled.

August 5, 2015

Date

/s/ Mitchell E. Shamas

Signature of pro se or counsel

cc: Albert S. Iarossi

FORM 30. Certificate of Service

UNITED STATES COURT OF APPEALS  
FOR THE FEDERAL CIRCUIT

CERTIFICATE OF SERVICE

I certify that I served a copy on counsel of record on   
by:

- ☐ US mail  
☐ Fax  
☐ Hand  
☒ Electronic Means  
(by email or CM/ECF)

Name of Counsel

Signature of Counsel

Law Firm

Address

City, State, ZIP

Telephone Number

FAX Number

E-mail Address

NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an "/s/" and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.